

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

18 Total pages filed:

33

3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Antoniette R.		NICKNAME LAST SUFFIX "Toni" Moorhouse		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4126 Valleyfield S.A., Tx. 78222 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Theodora		NICKNAME LAST SUFFIX "Teddy" Hummel		6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 510 Fay S.A., Tx. 78211
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (210) 923-1035				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/02    12/31/02				
10 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Councilwoman Dist. 3		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Antionette "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 311.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 21,838.70

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 369.04

4. TOTAL POLITICAL EXPENDITURES

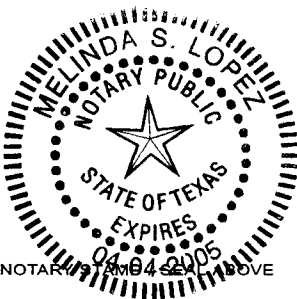
\$ 36,083.93

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,295.00

19 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Antionette Moorhouse*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antionette Moorhouse, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*

Signature of officer administering oath

*Melinda S. Lopez*

Printed name of officer administering oath

*Notary*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:18 1 of 17

<b>2 FILER NAME</b> Antioniette "Toni" Moorhouse		<b>3 ACCOUNT #</b> (Ethics Commission filers)	
<b>4 Date</b> 07/05/02	<b>5 Full name of contributor</b> Curtis Gunn <input type="checkbox"/> out-of-state PAC (ID#: <b>6 Contributor address; City; State; Zip Code</b> S.A., Tx.	<b>7 Amount of contribution (\$)</b> 500 <sup>00</sup>	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation (Optional)</b>		<b>10 Employer (Optional)</b>	
<b>Date</b> 07/15/02	<b>Full name of contributor</b> Marketing + <input type="checkbox"/> out-of-state PAC (ID#: <b>Contributor address; City; State; Zip Code</b> 823 Lone Wolf Trl - SAT 78232	<b>Amount of contribution (\$)</b> 50 <sup>00</sup>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	
<b>Date</b> 07/01/02	<b>Full name of contributor</b> John P. Rogers <input type="checkbox"/> out-of-state PAC (ID#: <b>Contributor address; City; State; Zip Code</b> 2 Enchanted Wood - SAT 78248	<b>Amount of contribution (\$)</b> 100 <sup>00</sup>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	
<b>Date</b> 07/10/02	<b>Full name of contributor</b> Patricia DeBerry <input type="checkbox"/> out-of-state PAC (ID#: <b>Contributor address; City; State; Zip Code</b> 13511 Bay Orchard - SAT 78231	<b>Amount of contribution (\$)</b> 250 <sup>00</sup>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	
<b>Date</b> 07/09/02	<b>Full name of contributor</b> Sam Barshop <input type="checkbox"/> out-of-state PAC (ID#: <b>Contributor address; City; State; Zip Code</b> 900 Isom Rd, Ste. 300 - SAT 78216	<b>Amount of contribution (\$)</b> 250 <sup>00</sup>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 1150<sup>00</sup>

Sub Tot:



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 of 17

### 2 FILER NAME

Antionette "Toni" Moonhouse

3 ACCOUNT # (Ethics Commission filers)

### 4 Date

07/11/02

### 5 Full name of contributor

☐ out-of-state PAC (ID#:

James W. Bastoni

6 Contributor address; City; State; Zip Code

106 Ottawa Run - SAT 78231

### 7 Amount of contribution (\$)

500<sup>00</sup>

### 8 In-kind contribution description (if applicable)

### 9 Principal occupation (Optional)

### 10 Employer (Optional)

### Date

07/10/02

### Full name of contributor

☐ out-of-state PAC (ID#:

John C. Stuart

Contributor address; City; State; Zip Code

120 Cattle Dr. - Spring Branch, Tx. 78070

### Amount of contribution (\$)

500<sup>00</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

### Date

07/11/02

### Full name of contributor

☐ out-of-state PAC (ID#:

Kimberly Knowlton

Contributor address; City; State; Zip Code

1300 Flightline Dr - Spring Branch, Tx. 78070

### Amount of contribution (\$)

500<sup>00</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

### Date

07/11/02

### Full name of contributor

☐ out-of-state PAC (ID#:

Sam Knowlton

Contributor address; City; State; Zip Code

649 Cattle Dr. - Spring Branch, Tx. 78070

### Amount of contribution (\$)

500<sup>00</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

### Date

07/11/02

### Full name of contributor

☐ out-of-state PAC (ID#:

Charles Martin Wender

Contributor address; City; State; Zip Code

8023 Ramlage - SAT 78230

### Amount of contribution (\$)

250<sup>00</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 2,250<sup>00</sup> Sub Tot:

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JUN 15 P 1:

18 Total pages this Schedule A1:

3 of 17

2 FILER NAME <b>Antionette Moorhouse</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>07/11/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Rene Lynn Wender</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>8023 Vantage-SAT 78230</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>07/11/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>G. W. Worth</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6929 Camp Bullis-SAT 78236</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>07/08/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Julienna Holt</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2191 Little Blanco Rd-Blanco, Tx 78606</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>07/09/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dale Wilson</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>250 Mary Louise-SAT 78201</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>07/10/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard L. Kerr</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3907 Hunters Tree-SAT 78230</b>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 2,100 SubTot:



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CLERK OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P

1 Total pages this Schedule A1:

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4 of 17

**2 FILER NAME**

Antonie He Moorhouse

**3 ACCOUNT #** (Ethics Commission filers)

**4 Date**

07/18/02

**5 Full name of contributor**
☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Beach

Contributor address; City; State; Zip Code

P.O. Box 311373 - New Braunfels, Tx. 78131

**7 Amount of contribution (\$)**

 500<sup>00</sup>
**8 In-kind contribution description (if applicable)**
**9 Principal occupation (Optional)**
**10 Employer (Optional)**
**Date**

07/01/02

**Full name of contributor**
☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Zeigler

Contributor address; City; State; Zip Code

11 Stoneleigh Way - SAT 78218

**Amount of contribution (\$)**

 50<sup>00</sup>
**In-kind contribution description (if applicable)**
**Principal occupation (Optional)**
**Employer (Optional)**
**Date**

07/10/02

**Full name of contributor**
☐ out-of-state PAC (ID#: \_\_\_\_\_)

G. Hasslocher

Contributor address; City; State; Zip Code

8520 Crownhill - SAT 78209

**Amount of contribution (\$)**

 100<sup>00</sup>
**In-kind contribution description (if applicable)**
**Principal occupation (Optional)**
**Employer (Optional)**
**Date**

07/05/02

**Full name of contributor**
☐ out-of-state PAC (ID#: \_\_\_\_\_)

U.S.A.A. - PAC

Contributor address; City; State; Zip Code

 USAA Bldg. F-3-E  
Attn: Amy D. Purnell - SAT 78288

**Amount of contribution (\$)**

 250<sup>00</sup>
**In-kind contribution description (if applicable)**
**Principal occupation (Optional)**
**Employer (Optional)**
**Date**

07/24/02

**Full name of contributor**
☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jimmy Jimenez

Contributor address; City; State; Zip Code

4026 Glen Rock - SAT 78240

**Amount of contribution (\$)**

 250<sup>00</sup>
**In-kind contribution description (if applicable)**
**Principal occupation (Optional)**
**Employer (Optional)**
**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot. 1150 Sub Tot.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED

SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

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2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/15/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Douglas A. Poneck

6 Contributor address; City; State; Zip Code

127 W. Woodlawn - SAT 78212

7 Amount of contribution (\$)

500<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

07/15/02

Full name of contributor

☐ out-of-state PAC (ID#)

Pablo Escamilla

Contributor address; City; State; Zip Code

1726 Valencia - SAT 78237

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/23/02

Full name of contributor

☐ out-of-state PAC (ID#)

Baltazar Serna

Contributor address; City; State; Zip Code

120 Villita - SAT 78205

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/07/02

Full name of contributor

☐ out-of-state PAC (ID#)

Alice Perez

Contributor address; City; State; Zip Code

S.A., Tx.

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/07/02

Full name of contributor

☐ out-of-state PAC (ID#)

Alden Schiller, Jr.

Contributor address; City; State; Zip Code

1720 Bartoncliff; Austin, Tx 78704

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Total: 2,500 SubTot:



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.

2003 JUN 15 P 1:

Total pages this Schedule A1:

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2 FILER NAME

Antoinette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/07/02

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Gautam Dey

6 Contributor address; City; State; Zip Code

10922 Whispering Wind - SAT 78230

7 Amount of contribution (\$)

500<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

08/07/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ernest Bromley

Contributor address; City; State; Zip Code

104 E. Elsmere - SAT 78212

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/07/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Douglas Beach

Contributor address; City; State; Zip Code

217 Alamo Plaza #300; SAT 78205

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

07/17/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Grace Rose

Contributor address; City; State; Zip Code

816 Comaron #209; SAT 78212

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/19/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sandra G. Arredondo

Contributor address; City; State; Zip Code

10406 Lazy F Trl. - Helotes, Tx. 78023

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 1,850 Sub Tot:





**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19

1 Total pages this Schedule A1:

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2 FILER NAME

Antoniette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/28/02

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jamie C. Preciado

6 Contributor address; City; State; Zip Code

3330 Stuart Rd. - Adkins, Tx. 78101

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

08/17/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Flores

Contributor address; City; State; Zip Code

218 College - SAT 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/22/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brenda Vickrey Johnson

Contributor address; City; State; Zip Code

13055 Jh Hunters Circle, SAT 78230

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/19/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carlos Garza

Contributor address; City; State; Zip Code

16 Park De Ville - SAT 78248

Amount of contribution (\$)

80.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/19/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CEC - PAC

Contributor address; City; State; Zip Code

400 W. 15th St., Ste 820 - Austin, Tx. 78701

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Pg. Tot: 1,080 Sub Tot:

**POLITICAL CONTRIBUTIONS****OTHER THAN PLEDGES OR LOANS**

RECEIVED

CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JUN 15 P

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/16/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jesse Covarrubias

6 Contributor address; City; State; Zip Code

204 Shalimar-SAT 78213

7 Amount of contribution (\$)

75<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

08/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Don Darden

Contributor address; City; State; Zip Code

411 Km 473 - Comfort, Tx 78013

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Turk

Contributor address; City; State; Zip Code

6335 Circle Oak - ~~SAT 78~~ Bulverde, Tx 78163

Amount of contribution (\$)

50<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

08/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

S. Brad Davis

Contributor address; City; State; Zip Code

11434 Whisper Dawn - SAT 78230

Amount of contribution (\$)

150<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Emma Garcia

Contributor address; City; State; Zip Code

267 Creath - SAT 78221

Amount of contribution (\$)

20<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 395<sup>00</sup> Sub Tot:

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P

1 Total pages this Schedule A1:

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2 FILER NAME

Antoniette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Frank Garza

6 Contributor address; City; State; Zip Code

9530 Vanderpool - SAT 78251

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Orlando Cisneros

Contributor address; City; State; Zip Code

443 Merry Ann - SAT 78223

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Manuel L. Ortiz, Jr.

Contributor address; City; State; Zip Code

105 Beechwood - SAT 78216

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/23/02

Full name of contributor

☐ out-of-state PAC (ID#)

Richard M. Davidson

Contributor address; City; State; Zip Code

232 W. Craig Pl. - SAT 78212

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Theresa Ortega

Contributor address; City; State; Zip Code

446 Stone Creek - Boerne, TX 78006

Amount of contribution (\$)

35.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 245.00 Sub Tot:

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**

 FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15

Total pages this Schedule A1:

17:19

100817

2 FILER NAME

Antoniette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Angelo DiPasquale

6 Contributor address; City; State; Zip Code

2507 Hiawatha - SAT 78210

7 Amount of contribution (\$)

 50<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Stella O. Ryle

Contributor address; City; State; Zip Code

103 Larkwood - SAT 78209

Amount of contribution (\$)

 10<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Laura Zuniga

Contributor address; City; State; Zip Code

3903 Killarney - SAT 78223

Amount of contribution (\$)

 50<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/21/02

Full name of contributor

☐ out-of-state PAC (ID#)

Charles M. Bartlett

Contributor address; City; State; Zip Code

4706 Pecan Grove - SAT 78222

Amount of contribution (\$)

 50<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Vern Hophan

Contributor address; City; State; Zip Code

3455 E. Southcross - SAT 78223

Amount of contribution (\$)

 10<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

 Pg. Tot: 170<sup>00</sup> Sub Tot:


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**

 FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15

1 Total pages this Schedule A1:

P 1:19

11 of 17

2 FILER NAME

Antoniette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Yulanee McKnight

6 Contributor address; City; State; Zip Code

4302 Valleyfield - SAT 78222

7 Amount of contribution (\$)

 50<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

09/19/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Armando A. Aranda

Contributor address; City; State; Zip Code

2222 Beechhaven - SAT 78207

Amount of contribution (\$)

 10<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/28/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike Novak

Contributor address; City; State; Zip Code

22374 Fossil Ridge - SAT 78261

Amount of contribution (\$)

 200<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Gurguolo

Contributor address; City; State; Zip Code

822 Channing - SAT 78210

Amount of contribution (\$)

 10<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jose + Mary Roma

Contributor address; City; State; Zip Code

422 Juniper - SAT 78223

Amount of contribution (\$)

 25<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

 Pg. Tot: 295<sup>00</sup> Sub Tot:


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P

Total pages this Schedule A1:

1: 19

12 of 17

2 FILER NAME <b>Antonie He Moorhouse</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>09/24/02</b>	5 Full name of contributor <b>Catherine W. Dean</b> Contributor address; City; State; Zip Code <b>5614 Wales - SAT 78223</b>	7 Amount of contribution (\$) <b>25<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>09/24/02</b>	Full name of contributor <b>Jose Limon</b> Contributor address; City; State; Zip Code <b>420 Rigsby - SAT 78210</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>09/24/02</b>	Full name of contributor <b>Rodger Pacheco</b> Contributor address; City; State; Zip Code <b>312 Montrose - SAT 78223</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>09/24/02</b>	Full name of contributor <b>Patricia Orr</b> Contributor address; City; State; Zip Code <b>1803 E. Pyron - SAT 78223</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>09/24/02</b>	Full name of contributor <b>Evanteen Schmuckle</b> Contributor address; City; State; Zip Code <b>511 Avant - SAT 78210</b>	Amount of contribution (\$) <b>20<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

 Pg. Total: 120<sup>00</sup> SubTotal:

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19 13 of 17

1 Total pages this Schedule A1:

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Albert McKnight

6 Contributor address; City; State; Zip Code

721 So. Presa - SAT 78210

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Hill-Granados Pthrs. LLP

Contributor address; City; State; Zip Code

10223 McAllister Frw., #200  
S.A.T. 78216

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Henry Troutz

Contributor address; City; State; Zip Code

4410 Irene - SAT 78222

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/23/02

Full name of contributor

☐ out-of-state PAC (ID#)

Jesse Jenkins

Contributor address; City; State; Zip Code

2644 Walteetka - SAT 78210

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas DeChant

Contributor address; City; State; Zip Code

10815 Edgcrest - SAT 78217

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Pg. Tot: 425.00 SubTot:

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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CITY CLERK

**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15

1 Total pages this Schedule A1:

1:19

14 of 17

2 FILER NAME

Antoniette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/26/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Shelton Padgett

6 Contributor address; City; State; Zip Code

300 Convent #1500 - SAT 78205

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

09/22/02

Full name of contributor

☐ out-of-state PAC (ID#)

Charles A. Gonzalez Cong. Camp.

Contributor address; City; State; Zip Code

P.O. Box 12612 - SAT 78212

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

09/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Eddington

Contributor address; City; State; Zip Code

4103 Valleyfield - 78222

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/16/02

Full name of contributor

☐ out-of-state PAC (ID#)

David Starr

Contributor address; City; State; Zip Code

2161 JW Mil. Hwy. #111 - SAT 78213

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/16/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bill Kaufman

Contributor address; City; State; Zip Code

230 Country Lane - SAT 78209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 925.00 Sub Tot:





**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2003 JAN 15 P 1:19 15 of 17

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/06/02

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jane Macon

6 Contributor address; City; State; Zip Code

S.A., Tx.

7 Amount of contribution (\$)

\$280.00

8 In-kind contribution description (if applicable)

2 each Spurs Tickets,

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/18/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ernest Bromley

Contributor address; City; State; Zip Code

104 E. Elsmere - SAT 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

/

Principal occupation (Optional)

Employer (Optional)

Date

09/24/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

S.A.P.O.A. - PAC

Contributor address; City; State; Zip Code

J.E. Loop 410 - SAT 78216

Amount of contribution (\$)

800.00

In-kind contribution description (if applicable)

200 Bxft Chicken birthday plates for celebration from Grady's

Principal occupation (Optional)

Employer (Optional)

Date

08/20/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

S.A.P.F.F.A. - PAC

Contributor address; City; State; Zip Code

IH-10 West - S.A., Tx.

Amount of contribution (\$)

598.74

In-kind contribution description (if applicable)

Printing of mail out

Principal occupation (Optional)

Employer (Optional)

Date

08/20/02

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

S.A.P.F.F.A. - PAC

Contributor address; City; State; Zip Code

IH-10 West - S.A., Tx.

Amount of contribution (\$)

690.00

In-kind contribution description (if applicable)

Postage for mail out

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Tot: 2868.71 SubTot:



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P

1 Total pages this Schedule A1:

1:19 16 of 17

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Principal Group

6 Contributor address; City; State; Zip Code

S.A., Tx.

7 Amount of  
contribution (\$)

34.99

8 In-kind contribution  
description (if applicable)Birthday Cake  
for Event

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Buddy Ford

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of  
contribution (\$)

1200.00

In-kind contribution  
description (if applicable)100 Turkeys  
Thksgiv. Dist.

Principal occupation (Optional)

~~Employer (Optional)~~

Plz See Attach. listing

Date

11/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

S.A. P.O. A.

Contributor address; City; State; Zip Code

S.A., Tx.

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)50 Turkeys  
Thksgiv. Dist.

Principal occupation (Optional)

~~Employer (Optional)~~

Plz See Attach. listing

Date

12/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Brooks Busi. Groups

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of  
contribution (\$)

1,580

In-kind contribution  
description (if applicable)Gift cards  
for Turkeys

Principal occupation (Optional)

~~Employer (Optional)~~

Plz See Attach. listing

Date

12/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Spurs Organization

Contributor address; City; State; Zip Code

S.A., Tx.

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)Check Payable  
to NEB for  
Turkeys

Principal occupation (Optional)

~~Employer (Optional)~~

Plz See Attach. listing

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Pg. Total: 3,814.99 SubTot!

**THANKSGIVING TURKEY DISTRIBUTION LIST**  
**NOVEMBER 25, 2002**

Pg. 169  
 Antonio Alarcon  
 CITY CLERK  
 2003 JAN 15 P 1:19

- Presa Street Center    Mary Alice Lopez    532-5295    10 Turkeys
- Fair Avenue Apt.    Maria Luna    533-0465    6 Turkeys
- St. Margaret Mary's    Geannine Gatto    532-4777    10 Turkeys
- Comanche Center    Candie Hill    333-0414    10 Turkeys
- St. Cecilia's Guadalupana's  
                                  Linda Almager    533-7109    5 Turkeys
- St. P.J.'s    Robert or  
                                  J.C. Navarone    737-2402    10 Turkeys
- Blessed Sacarament    Sr. Odelia    532-4731    10 Turkeys
- St. Leo's Guadalupana's/St. Vincent de Paul  
                                  Mr. Diaz    316-7179    10 Turkeys
- Luis Chatham Apt's.    Bessie or Ruby    932-0915    10 Turkeys
- San Jose Nutr. Cntr.    Betty Williams    923-8081    10 Turkeys
- Hope of Glory Nutr.    Elida    928-1818    10 Turkeys
- Dist. 3 Indiv. Family    Commercial Ave.    2 Turkeys
- Kingsborough    Mr. Valdez    921-4428    10 Turkeys
- St. Lawrence    Gloria    924-7231    5 Turkeys
- Lila Cockrell Apts.       922-7300    5 Turkeys
- Matt Garcia Apts.    Maria Luna    10 Turkeys
- Dist. 3 Indiv. Family       333-5923    2 Turkeys
- Harlandale Nutr. Cntr.    Eva Borrego    924-4771    10 Turkeys
- Holy Name    Anna Alvarez    333-5020    5 Turkeys

The above distribution made possible by:

Texas Towing	100 Turkeys	In-Kind Value=\$1,200.00
S.A. Police Officers Assn.	50 Turkeys	In-Kind Value=\$ 500.00

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

Christmas 2002 TURKEY DISTRIBUTION LIST

December 20, 2002

Antionette Moorhouse  
Pg. 16B

2003 JAN 15 P 1:19

- San Antonio Lighthouse
  - For the Blind Paula Blaylock 533-5195 10 Turkeys Pick-up
- Aldersgate Church Sherri Hoffman 532-6671 10 Turkeys “
- Respite Care Bert Pfister 737-1212 15 Turkeys “
- Bob Martindale/David Duncan 224-5838 15 Turkeys Deliv.
- Healthy Families Antoinette Lakey 889-9171 10 Turkeys Pick-up
- Holy Name St. Vincent de Paul
  - Louis or Pablo 333-5021 12 Turkeys Pick-up
- St. Lawrence Food Bank Gloria 924-7231 10 Turkeys Deliv.
- Ruben Espronceda Charity Services
  - Ruben Espronceda 14 Turkeys Pick-up
- Sunny Slope N.A. Richard 20 Turkeys Pick-up
- Good Shepard Lutheran-Pastor Steve 333-0460 5 Turkeys Pick-up
- Hope of Glory – Pastor Dorothy DeLaRosa 924-7565 10 Turkeys Pick-up
- Trinity Baptist – John Stanley 733-6201 5 Turkeys Pick-up
- St. Stephen’s Episcopal 534-5400 5 Turkeys Pick-up
- Jubilee Outreach David Morales 337-7060 10 Turkeys Pick-up
- Omega Church Zona 923-2220 10 Turkeys Pick-up
- Word of Faith Pastor Mendoza 10 Turkeys Pick-up
- City Year Stella Nelson 247-4427 10 Turkeys Pick-up
- Templo “El Horeb”-Pastor Alfredo Becerra 337-9907 5 Turkeys Pick-up
- Mission San Jose Leslie Price 10 Turkeys Pick-up
- Project Quest Veronica 270-4690 10 Turkeys Pick-up
- Additional 20 District 3 Families 20 Turkeys Pick-up & Del.

The above distribution made possible by:

Brooks Dev. Authority	\$1,580.00 in Gift Cards
Spurs Organization	500.00 Check Payable to H.E.B.
Waste Management	500.00 in Gift Cards

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CITY OF ST. LOUIS  
CITY CLERK

Antoinette Moorhouse  
Pg. 16c

## TURKEY MONEY CONTRIBUTORS

Grubb & Ellis Commercial Management Services, Inc.

Frank Ventura, Regional Vice President

Connie Hughes, Vice President

Ray Barger, General Manager and Staff of Management at Brooks City-Base

All monies were gathered by managers at Grubb & Ellis (Santa Claus's)

Sandy Sayers, Director of Operations

Beni Gaiennie, Sr. Property Manager

Rod Riggins, Sr. Property Manager

Sheryl Boyd, Property Manager

Denise Martin, Property Manager

Selrico Services, Inc.

Ric Aleman

Terry Parker

Texas Engineering Experiment Station

Skip Mills

Air Stream

Richard Flores

RD Davilla

Terminix

John Campbell

***These combined companies  
Donated a total of \$1580.00  
In HEB gift cards.***

SMG

John Gargotta

Texas Waste

Brian Rollin

Voss Lighting

Dave Shoemaker

Phillips Lighting

Bryan Lesch

Cram Roofing

Jon Pett

Triple R Electric

Dana Wehrmann

Hansen Information Technology

John Miche

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2007 JUN 15 P 119

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

17 of 17

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/02

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Waste Mgmt.

6 Contributor address; City; State; Zip Code

San Antonio, Tx.

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

Gift Cards For Turkeys

9 Principal occupation (Optional)

10 Employer (Optional)

Pt 2 See A Nach. Listing

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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Pg. Tot. 500.00 Sub Tot.

**PLEDGED CONTRIBUTIONS**

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CITY CLERK

**SCHEDULE B1**

FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19

1 Total pages this Schedule B1

1 of 1

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

12/09/02

6 Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Brad Davis

7 Pledgor address;

City; State; Zip Code

S.A., Tx.

8 Amount of  
pledge (\$)

300<sup>00</sup>

9 In-kind description  
(if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date

12/09/02

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)

James Jones

Pledgor address;

City; State; Zip Code

S.A., Tx.

Amount of  
pledge (\$)

1,000<sup>00</sup>

In-kind description  
(if applicable)

Principal occupation (optional)

Employer (optional)

Date

12/09/02

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mark Granadas

Pledgor address;

City; State; Zip Code

S.A., Tx.

Amount of  
pledge (\$)

1,000<sup>00</sup>

In-kind description  
(if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Pledgor address;

City; State; Zip Code

Amount of  
pledge (\$)

In-kind description  
(if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Pledgor address;

City; State; Zip Code

Amount of  
pledge (\$)

In-kind description  
(if applicable)

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



**LOANS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:14

1 Total pages Schedule E:

1 of 1

**2 FILER NAME**

Antionette Moorhouse

**3 ACCOUNT #** (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5 Date of loan****7 Name of lender**☐ out-of-state PAC (ID#: \_\_\_\_\_)**9 Loan Amount (\$)****6 Is lender a financial institution?**

Y N

**8 Lender address; City; State; Zip Code****10 Interest rate****11 Maturity date****12 Description of Collateral**☐ none**13 GUARANTOR INFORMATION****14 Name of guarantor****16 Amount Guaranteed (\$)**☐ not applicable**15 Guarantor address; City; State; Zip Code****17 Principal Occupation****18 Employer**

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.





**POLITICAL EXPENDITURES****SCHEDULE F**

RECEIVED  
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19

1 Total pages Schedule F:

1 of 20

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/08/02

5 Payee name

Politico

6 Payee address; City; State; Zip Code

1920 Chihuahua - SAT 78212

7 Amount (\$)

1,475.00

8 Purpose of payment (See instructions regarding type of information required.)

Labels and Consulting

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

07/25/02

Payee name

Politico

Payee address; City; State; Zip Code

1920 Chihuahua - SAT 78212

Amount (\$)

1,500.00

Purpose of payment (See instructions regarding type of information required.)

Consulting

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

07/10/02

Payee name

Crumrine Printers

Payee address; City; State; Zip Code

S.A., Tx

Amount (\$)

2,276.16

Purpose of payment (See instructions regarding type of information required.)

Door Hangers and mail out

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

07/23/02

Payee name

Laura Barberena

Payee address; City; State; Zip Code

S.A., Tx

Amount (\$)

1,530.00

Purpose of payment (See instructions regarding type of information required.)

PR / mkt.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19

Total pages Schedule F:

2 of 20

**2 FILER NAME**

Antionette Moorhouse

**3 ACCOUNT #** (Ethics Commission filers)**4 Date****5 Payee name****7 Amount (\$)**

07/16/02

Sunny Slope/Pasadena Hts. N.A.

**6 Payee address; City; State; Zip Code**

Dist. 3 - SA, Tx.

65.00

**8 Purpose of payment** (See instructions regarding type of information required.)Pmt for J.A. T-Shirt Set  
Up Fee**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**Date****Payee name****Amount (\$)**

07/21/02

Antionette Moorhouse

**Payee address; City; State; Zip Code**

S.A., Tx.

265.00

**Purpose of payment** (See instructions regarding type of information required.)

Partial Repmt. of hn.

**\*\* Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date****Payee name****Amount (\$)**

07/18/02

AFL-CIO

**Payee address; City; State; Zip Code**

No. St. Mary's - SAT

175.00

**Purpose of payment** (See instructions regarding type of information required.)

Directory Advertising

**\*\* Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date****Payee name****Amount (\$)**

07/18/02

McCollum A.S. Tri-C Booster

**Payee address; City; State; Zip Code**

Formosa (West) - SAT

70.00

**Purpose of payment** (See instructions regarding type of information required.)

Adv. in Football Program

**\*\* Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**RECEIVED  
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19

1 Total pages Schedule F:

3 of 20

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/18/02

5 Payee name

East Central Athl. Program

6 Payee address; City; State; Zip Code

S.A., Tx.

7

Amount  
(\$)145<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

Adv. in Football Prog.

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

07/22/02

Payee name

Stephanie Geigenbacher

Payee address; City; State; Zip Code

Wales St. - S.A., Tx.

Amount  
(\$)30<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Gasoline

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

07/16/02

Payee name

Space Savers

Payee address; City; State; Zip Code

Goliad Rd. - SAT

Amount  
(\$)78<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Storage Fee

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

07/29/02

Payee name

S.S. Reporter

Payee address; City; State; Zip Code

So. Hackberry - S.A., Tx. 78210

Amount  
(\$)240<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Advertising

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

2003 JAN 5

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette Moorhouse

4 Date

07/29/02

5 Payee name

City of S.A.

6 Payee address; City; State; Zip Code

100 Plaza de Armas - S.A., Tx.

7 Amount (\$)

240<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

Copy and Information Exp.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/12/02

Payee name

Antionette Moorhouse

Payee address; City; State; Zip Code

San Antonio, Tx.

Amount (\$)

940<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Partial repmt. of In.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/12/02

Payee name

Space Savers

Payee address; City; State; Zip Code

Coliad Rd. - S.A., Tx.

Amount (\$)

78<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Storage Fee

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/12/02

Payee name

R.J. Publications

Payee address; City; State; Zip Code

90 Highlands A.S. - Elgin St. - SAT

Amount (\$)

150<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Adv. Football Prog.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**RECEIVED  
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:19

1 Total pages Schedule F:

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2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/12/02

5 Payee name

Souvenir Prog. Bk. Comm. ....

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

300<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

Congressman  
Ciro Rodriguez Roast

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/12/02

Payee name

Gene Powell

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

397<sup>62</sup>

Purpose of payment (See instructions regarding type of information required.)

Barn Door luncheon

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/12/02

Payee name

Kevin Lopez

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

1925<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Consulting, labels, etc.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/12/02

Payee name

P.C. Mailing Svc.

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

2915<sup>24</sup>

Purpose of payment (See instructions regarding type of information required.)

Bulk Mail Out

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**RECEIVED  
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 20

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/12/02

5 Payee name

Laura Barbarena

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

400<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

P/R &amp; Adv.

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

08/20/02

Payee name

Wal-Mart Cash

Payee address; City; State; Zip Code

S.E. Military Dr. - S.A., Tx

Amount (\$)

\$300<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

St. P J's Labor Day Cook-Out  
Annual Event - Toys (70 Children) + Healthy Fam's Org.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

09/09/02

Payee name

Principal Impact

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

500<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Fundraising Svcs.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

08/23/02

Payee name

S.A. Post Publication

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

300<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

1/2 Pg. Adv.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

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CITY CLERK

1 Total pages Schedule F:

7 of 20

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/16/02

5 Payee name

Space Savers

6 Payee address; City; State; Zip Code

Goliad Rd. - SAT

7 Amount (\$)

78.00

8 Purpose of payment (See instructions regarding type of information required.)

Storage Fee

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/22/02

Payee name

Bedar Co. Dema.

Payee address; City; State; Zip Code

Frio St.; S.A., Tx.

Amount (\$)

1,000.00

Purpose of payment (See instructions regarding type of information required.)

BCCC 2002

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

09/05/02

Payee name

Verizon

Payee address; City; State; Zip Code

Rector Dr. - S.A.T.

Amount (\$)

188.26

Purpose of payment (See instructions regarding type of information required.)

Phone Svc.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

09/18/02

Payee name

SCOOP

Payee address; City; State; Zip Code

@ Holy Name on Wash - SAT

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Annual Fundraiser

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

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CITY CLERK

Total pages Schedule F:

20

2003 JAN 15

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette Moorhouse

4 Date

07/02

5 Payee name

H.E.B.

6 Payee address; City; State; Zip Code

Fair Ave. - SAT

7 Amount (\$)

113.94

8 Purpose of payment (See instructions regarding type of information required.)

Meeting Treats/Refresh.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/02

Payee name

Little Red Barn

Payee address; City; State; Zip Code

S.A., Tx

Amount (\$)

64.77

Purpose of payment (See instructions regarding type of information required.)

Luncheon/Working Meeting

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

08/06

Payee name

H.E.B.

Payee address; City; State; Zip Code

Fair Ave - SAT

Amount (\$)

57.37

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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Pg Tot: 236.08



# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

RECEIVED  
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2003 JAN 15 P 1:20 1 of 1

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**CREDITS (optional)****SCHEDULE K**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 1:26

Total pages Schedule K:

1 of 1

**2 FILER NAME**

Antionette Moorhouse

**3 ACCOUNT #** (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name <b>6</b> Payor address; City; State; Zip Code <b>7</b> Reason for credit	<b>8</b> Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

